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# **Health Care General Committee**

**Wednesday, February 22, 2006  
10:30 AM – 12:00 PM  
306 HOB**

**ACTION PACKET**

## COMMITTEE MEETING REPORT

### Health Care General Committee

2/22/2006 10:30:00AM

**Location:** 306 HOB

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Gayle Harrell (Chair)	X		
Loranne Ausley	X		
Kim Berfield	X		
Joyce Cusack	X		
Denise Grimsley	X		
D. Alan Hays	X		
Paige Kreegel	X		
Stan Mayfield	X		
Dave Murzin	X		
Julio Robaina	X		
Juan Zapata	X		
<b>Totals:</b>	<b>11</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Wednesday, February 22, 2006 2:26:11PM

# COMMITTEE MEETING REPORT

## Health Care General Committee

2/22/2006 10:30:00AM

Location: 306 HOB

HB 241 : Florida KidCare Program

☒ Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Loranne Ausley	X				
Kim Berfield	X				
Joyce Cusack	X				
Denise Grimsley	X				
D. Alan Hays	X				
Paige Kreegel			X		
Stan Mayfield			X		
Dave Murzin	X				
Julio Robaina			X		
Juan Zapata	X				
Gayle Harrell (Chair)	X				
Total Yeas: 8		Total Nays: 0			

### HB 241 Amendments

#### Amendment 01

☒ Adopted Without Objection

### Appearances:

HB 241 -- Florida KidCare Program

Nancy Moreau, Legislative Liaison (WAIVED TIME IN SUPPORT OF THE BILL) (Lobbyist) (General Public) -  
Proponent

Florida Pediatric Society  
1895 Vineland Lane  
Tallahassee FL 32317  
Phone: (850) 942-7031

Committee meeting was reported out: Wednesday, February 22, 2006 2:26:11PM

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01(for drafter's use only)

Bill No. **HB 241**

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION ☒ (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_

**ADOPTED**  
**02/22/2006**

Council/Committee hearing bill: Health Care General  
Representative(s) Vana offered the following:

**Amendment (with title amendment)**

Remove everything after the enacting clause and insert:

Section 1. Subsection (5) of section 409.814, Florida  
Statutes, is amended to read:

409.814 Eligibility.--A child who has not reached 19 years  
of age whose family income is equal to or below 200 percent of  
the federal poverty level is eligible for the Florida KidCare  
program as provided in this section. For enrollment in the  
Children's Medical Services Network, a complete application  
includes the medical or behavioral health screening. If,  
subsequently, an individual is determined to be ineligible for  
coverage, he or she must immediately be disenrolled from the  
respective Florida KidCare program component.

(5) A child whose family income is above 200 percent of  
the federal poverty level or a child who is excluded under the  
provisions of subsection (4) may participate in the Medikids  
program as provided in s. 409.8132 or, if the child is  
ineligible for Medikids by reason of age, in the Florida Healthy

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01 (for drafter's use only)

~~Kids program, Florida KidCare program, excluding the Medicaid program, but is~~ subject to the following provisions:

(a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including any administrative costs.

(b) The agency is authorized to place limits on enrollment in Medikids by these children in order to avoid adverse selection. The number of children participating in Medikids whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Medikids program.

(c) The board of directors of the Florida Healthy Kids Corporation is authorized to place limits on enrollment of these children in order to avoid adverse selection. In addition, the board is authorized to offer a reduced benefit package to these children in order to limit program costs for such families. The number of children participating in the Florida Healthy Kids program whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Florida Healthy Kids program.

(d) Children described in this subsection are not counted in the annual enrollment ceiling for the Florida KidCare program.

Section 2. The Agency for Health Care Administration shall begin enrollment under s. 409.814(5), Florida Statutes, as amended by this act, by July 1, 2006.

Section 3. This act shall take effect July 1, 2006.

===== T I T L E A M E N D M E N T =====

Remove the entire title and insert:

A bill to be entitled

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01 (for drafter's use only)

53 An act relating to the Florida KidCare program; amending  
54 s. 409.814, F.S.; providing for certain children who are  
55 ineligible to participate in the Florida KidCare program  
56 to be eligible for the Medikids program or the Florida  
57 Healthy Kids program; requiring that the Agency for Health  
58 Care Administration begin enrollment under the revised  
59 program criteria by a specified date; providing an  
60 effective date.

# COMMITTEE MEETING REPORT

## Health Care General Committee

2/22/2006 10:30:00AM

Location: 306 HOB

HB 311 : Vaccine Production Facilities

☒ Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Loranne Ausley		X			
Kim Berfield		X			
Joyce Cusack		X			
Denise Grimsley	X				
D. Alan Hays	X				
Paige Kreegel	X				
Stan Mayfield	X				
Dave Murzin	X				
Julio Robaina		X			
Juan Zapata	X				
Gayle Harrell (Chair)	X				
Total Yeas: 7		Total Nays: 4			

### HB 311 Amendments

#### Amendment 01

☒ Adopted Without Objection

### Appearances:

HB 311--Vaccine Production Facilities

Stephen R. Winn, Executive Director (WAIVED TIME IN SUPPORT OF THE BILL) (Lobbyist) (General Public)

- Proponent

Florida Osteopathic Medical Association

2007 Apalachee Parkway

Tallahassee FL 32308

Phone: (850) 878-7364

HB 311--Vaccine Production Facilities

Betsey Herd, Attorney (General Public) - Opponent

Academy of Florida Trial Lawyers

HB 311--Vaccine Production Facilities

William Large, President (Lobbyist) (General Public) - Proponent

Florida Justice Reform Institute

210 South Monroe Street

Tallahassee FL 32301-1824

Phone: (850) 222-0170

Committee meeting was reported out: Wednesday, February 22, 2006 2:26:11PM

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01 (for drafter's use only)

Bill No. **HB 311**

COUNCIL/COMMITTEE ACTION

ADOPTED — (Y/N)  
ADOPTED AS AMENDED — (Y/N)  
ADOPTED W/O OBJECTION X (Y/N)  
FAILED TO ADOPT — (Y/N)  
WITHDRAWN — (Y/N)  
OTHER —

**ADOPTED**  
**02/22/2006**

Council/Committee hearing bill: Health Care General Committee  
Representative(s) Cretul offered the following:

**Amendment (with title amendments)**

Remove line(s) 41-82 and insert:

Section 1. Vaccine production facilities; incentives for  
vaccine production; liability.--

(1) Enterprise Florida, Inc., as the principal economic  
development organization for the state under s. 288.9015,  
Florida Statutes, shall conduct an outreach campaign to  
encourage pharmaceutical companies located in this state to  
produce vaccines for the prevention of communicable diseases and  
to encourage pharmaceutical companies located outside of this  
state to establish facilities in this state to produce vaccines  
for the prevention of communicable diseases.

(2) A business, corporation, sole proprietorship,  
partnership, subchapter S corporation, limited liability  
corporation, nonprofit corporation, consortium, or other  
business entity located in this state that in good faith  
develops or produces vaccines for the prevention of communicable  
diseases shall not be held liable for civil damages for any act

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01 (for drafter's use only)

or omission, except for knowing and willful acts or omissions,  
in the development or production of vaccines for the prevention  
of communicable diseases that are approved for market  
distribution by the United States Food and Drug Administration.

===== T I T L E   A M E N D M E N T =====

Remove line(s) 6-8

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## COMMITTEE MEETING REPORT

### Health Care General Committee

2/22/2006 10:30:00AM

Location: 306 HOB

PCB HCG 06-01 : Emergency Management

☒ Favorable With Amendments (2)

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Loranne Ausley	X				
Kim Berfield	X				
Joyce Cusack	X				
Denise Grimsley	X				
D. Alan Hays	X				
Paige Kreegel	X				
Stan Mayfield			X		
Dave Murzin	X				
Julio Robaina	X				
Juan Zapata	X				
Gayle Harrell (Chair)	X				
Total Yeas: 10		Total Nays: 0			

#### PCB HCG 06-01 Amendments

**Amendment 01** - strike-all amendment

☒ Adopted Without Objection

**Amendment 02** - amendment to amendment 01

☒ Adopted Without Objection

#### Appearances:

PCB HCG 06-01 -- Emergency Management

Linda Carter, Director (General Public) - Information Only

"No Person Left Behind" Project

704 Homer Avenue North

Lehigh Acres FL 33971-1142

Phone: (239) 368-6846

Committee meeting was reported out: Wednesday, February 22, 2006 2:26:11PM

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01(for drafter's use only)

Bill No. PCB HCG 06-01

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION X (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_

**ADOPTED**  
02/22/2006

Council/Committee hearing bill: Health Care General  
Representative(s) Harrell offered the following:

**Amendment (with title amendment)**

Remove everything after the enacting clause and insert:

Section 1. Section 252.355, Florida Statutes, is amended  
to read:

252.355 Registry of persons with special needs; notice.--

(1) In order to meet the special needs of persons who  
would need assistance during evacuations and sheltering because  
of physical, mental, cognitive impairment, or sensory  
disabilities, each local emergency management agency in the  
state shall maintain a registry of persons with special needs  
located within the jurisdiction of the local agency. The  
registration shall identify those persons in need of assistance  
and plan for resource allocation to meet those identified needs.  
To assist the local emergency management agency in identifying  
such persons, home health agencies, hospices, nurse registries,  
home medical equipment providers, the Department of Children and  
Family Services, Department of Health, Agency for Health Care  
Administration, Department of Education, Agency for Persons with  
Disabilities, ~~Department of Labor and Employment Security~~, and

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01(for drafter's use only)

23 Department of Elderly Affairs shall provide registration  
24 information to all of their special needs clients and to all  
25 people with disabilities or special needs who receive services  
26 incoming clients as a part of the intake process. The registry  
27 shall be maintained year-round ~~updated annually~~. The  
28 registration program shall give persons with special needs the  
29 option of preauthorizing emergency response personnel to enter  
30 their homes during search and rescue operations if necessary to  
31 assure their safety and welfare following disasters.

32 (2) The Department of Community Affairs shall be the  
33 designated lead agency responsible for community education and  
34 outreach to the general public, including special needs clients,  
35 regarding registration and special needs shelters and general  
36 information regarding shelter stays. The Department of Community  
37 Affairs shall disseminate such educational and outreach  
38 information through the local emergency management offices. The  
39 department shall coordinate the development of curriculum and  
40 dissemination of all community education and outreach related to  
41 special needs shelters with the Clearinghouse on Disability  
42 Information of the Governor's Working Group on the Americans  
43 with Disabilities Act, the Department of Children and Family  
44 Services, the Department of Health, the Agency for Health Care  
45 Administration, the Department of Education, the Agency for  
46 Persons with Disabilities, and the Department of Elderly  
47 Affairs. The special needs shelter is considered a public  
48 facility when it is activated for a disaster. Under the  
49 Americans with Disabilities Act (ADA), Public Law 101.336,  
50 businesses and organizations that serve the public must allow  
51 people with disabilities to bring their service animals into all  
52 areas of the facility where customers are normally allowed to  
53 go.

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01 (for drafter's use only)

~~(2) On or before May 1 of each year each electric utility in the state shall annually notify residential customers in its service area of the availability of the registration program available through their local emergency management agency.~~

(3) Each electric utility in the state shall notify residential customers in its service area of the availability of the registration program available through their local emergency management agency in either of the following ways:

(a) Upon the initiation of new residential service with the electric utility, and one time for all residential customers between January 1 and May 31 of each year, or

(b) Two times for all residential customers between January 1 and May 31 of each year.

The notification required above may be made by any available means including but not limited to written, electronic or verbal notification. The notification may be made concurrently with any other notification to residential customers required by law or rule.

(4)(3) All records, data, information, correspondence, and communications relating to the registration of persons with special needs as provided in subsection (1) are confidential and exempt from the provisions of s. 119.07(1), except that such information shall be available to other emergency response agencies, as determined by the local emergency management director, and to the Department of Health in the furtherance of its duties and responsibilities.

(5)(4) All appropriate agencies and community-based service providers, including home health care providers, and hospices, nurse registries, and home medical equipment providers, shall assist emergency management agencies by

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01(for drafter's use only)

collecting registration information for persons with special needs as part of program intake processes, establishing programs to increase the awareness of the registration process, and educating clients about the procedures that may be necessary for their safety during disasters. Clients of state or federally funded service programs with physical, mental, cognitive impairment, or sensory disabilities who need assistance in evacuating, or when in shelters, must register as persons with special needs.

Section 2. Section 252.3568, Florida Statutes, is created to read:

252.3568 Emergency sheltering of persons with pets.--

(1) GENERAL PROVISIONS.--In accordance with the provisions of s. 252.35, the division shall address evacuation of persons with pets in the shelter component of the state comprehensive emergency management plan. The Department of Agriculture and Consumer Services shall assist the division in determining strategies regarding this activity.

Section 3. Section 252.357, Florida Statutes, is created to read:

252.357 Monitoring of nursing homes during disaster.--The Florida Comprehensive Emergency Management Plan shall permit the Agency for Health Care Administration, working from the agency's offices or in the Emergency Operations Center, ESF-8, to make initial contact with each nursing home in the disaster area. The agency, by July 15, 2006, and annually thereafter, shall publish on the Internet an emergency telephone number that may be used by nursing homes to contact the agency on a schedule established by the agency to report requests for assistance. The agency may also provide the telephone number to each facility when it makes the initial facility call.

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Section 4. Subsections (2) and (4) of section 252.385, Florida Statutes, are amended to read:

252.385 Public shelter space.--

(2)(a) The division shall administer a program to survey existing schools, universities, community colleges, and other state-owned, municipally owned, and county-owned public buildings and any private facility that the owner, in writing, agrees to provide for use as a public hurricane evacuation shelter to identify those that are appropriately designed and located to serve as such shelters. The owners of the facilities must be given the opportunity to participate in the surveys. The Board of Regents, district school boards, community college boards of trustees, and the Department of Education are responsible for coordinating and implementing the survey of public schools, universities, and community colleges with the division or the local emergency management agency.

(b) By January 31 of each even-numbered year, the Division of Emergency Management of the Department of Community Affairs shall prepare and submit a statewide emergency shelter plan to the Governor and the Cabinet for approval, subject to the requirements for approval provided in s. 1013.37(2). The plan shall also identify the general location and square footage of special needs shelters, by regional planning council region, during the next 5 years. The Department of Health shall assist the division in determining the estimated need for special needs shelter space and the adequacy of the facility to meet the needs of special needs persons, based on information from the special needs registration and other information.

(c) The division shall include information on the availability of pet friendly shelters in the statewide emergency shelter plan.

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01(for drafter's use only)

147 (4)(a) Public facilities, including schools, postsecondary  
148 education facilities, and other facilities owned or leased by  
149 the state or local governments, but excluding hospitals, hospice  
150 care facilities, assisted living facilities, or nursing homes,  
151 which are suitable for use as public hurricane evacuation  
152 shelters shall be made available at the request of the local  
153 emergency management agencies. The local emergency management  
154 agency shall inspect a designated facility to determine its  
155 readiness prior to activating such facility for a specific  
156 hurricane or disaster. Such agencies shall coordinate with the  
157 appropriate school board, university, community college, or  
158 local governing board when requesting the use of such facilities  
159 as public hurricane evacuation shelters.

160 (b) The Department of Management Services shall  
161 incorporate provisions for the use of suitable leased public  
162 facilities as public hurricane evacuation shelters into lease  
163 agreements for state agencies. Suitable leased public facilities  
164 include leased public facilities that are solely occupied by  
165 state agencies and have at least 2,000 square feet of net floor  
166 area in a single room or in a combination of rooms having a  
167 minimum of 400 square feet in each room. The net square footage  
168 of floor area ~~must~~ shall be determined by subtracting from the  
169 gross square footage the square footage of spaces such as  
170 mechanical and electrical rooms, storage rooms, open corridors,  
171 restrooms, kitchens, science or computer laboratories, shop or  
172 mechanical areas, administrative offices, records vaults, and  
173 crawl spaces.

174 (c) The Department of Management Services shall, in  
175 consultation with local and state emergency management agencies  
176 assess the Department of Management Services facilities to  
177 identify the extent to which each facility has public hurricane

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

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178 evacuation shelter space. The Department of Management Services  
179 shall submit proposed facility retrofit projects that  
180 incorporate hurricane protection enhancements to the department  
181 for assessment and inclusion in the annual report prepared in  
182 accordance with subsection (3).

183 Section 5. Section 381.0303, Florida Statutes, is amended  
184 to read:

185 381.0303 ~~Health practitioner recruitment for~~ Special needs  
186 shelters.--

187 (1) PURPOSE.--The purpose of this section is to provide  
188 for the operation, maintenance, and closure of special needs  
189 shelters and to designate the Department of Health, through its  
190 county health departments, as the lead agency for coordination  
191 of the recruitment of health care practitioners, as defined in  
192 s. 456.001(4), to staff special needs shelters in times of  
193 emergency or disaster and to provide resources to the department  
194 to carry out this responsibility. However, nothing in this  
195 section prohibits a county health department from entering into  
196 an agreement with a local emergency management agency to assume  
197 the lead responsibility for recruiting health care  
198 practitioners.

199 (2) SPECIAL NEEDS SHELTER PLAN; STAFFING; CLOSURE; STATE  
200 AGENCY ASSISTANCE AND STAFFING.--Provided funds have been  
201 appropriated to support ~~medical services~~ disaster coordinator  
202 positions in county health departments,:

203 (a) The department shall assume lead responsibility for  
204 the ~~local~~ coordination of local medical and health care  
205 providers, the American Red Cross, and other interested parties  
206 in developing a plan for the staffing and medical management of  
207 special needs shelters. The local Children's Medical Services  
208 offices shall assume lead responsibility for the coordination of

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01(for drafter's use only)

209 local medical and health care providers, the American Red Cross,  
210 and other interested parties in developing a plan for the  
211 staffing and medical management of pediatric special needs  
212 shelters. Plans shall conform to ~~The plan shall be in~~  
213 ~~conformance with~~ the local comprehensive emergency management  
214 plan.

215 (b)(a) County health departments shall, in conjunction  
216 with the local emergency management agencies, have the lead  
217 responsibility for coordination of the recruitment of health  
218 care practitioners to staff local special needs shelters. County  
219 health departments shall assign their employees to work in  
220 special needs shelters when those employees are needed to  
221 protect the health and safety of special needs persons ~~of~~  
222 ~~patients.~~ County governments shall assist the Department of  
223 Health with non-medical staffing and operating of special needs  
224 shelters. The local health department and emergency management  
225 agency shall coordinate these efforts to ensure appropriate  
226 staffing in special needs shelters.

227 (c)(b) The appropriate county health department,  
228 Children's Medical Services office, and local emergency  
229 management agency shall jointly decide ~~determine~~ who has  
230 responsibility for medical supervision in each a special needs  
231 shelter and shall notify the department of Community Affairs  
232 Division of Emergency Management and the Department of Health of  
233 their decision.

234 (d)(c) Local emergency management agencies shall be  
235 responsible for the designation, ~~and~~ operation, and  
236 infrastructure of special needs shelters during times of  
237 emergency or disaster and the closure of the facilities  
238 following an emergency or disaster. The emergency management  
239 agency and the local health department shall coordinate these

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240 efforts to ensure appropriate designation, operation and  
241 infrastructure in special needs shelters. County health  
242 departments shall assist the local emergency management agency  
243 with regard to the management of medical services in special  
244 needs shelters. However, nothing in this section prohibits a  
245 county health department from entering into an alternative  
246 agreement with a local emergency management agency to assume the  
247 lead responsibility for special needs shelter supplies and  
248 equipment.

249 (e) State employees with a pre-established role provided  
250 by the employee's respective agency in disaster response unless  
251 they have other mandated response activities that preclude  
252 participation, are subject to serve in times of disaster  
253 commensurate with their knowledge, skills, and abilities and any  
254 needed activities related to the situation.

255 (f) The Secretary of Elderly Affairs, or his or her  
256 designee, shall convene, at any time that he or she deems  
257 appropriate and necessary, a multiagency special needs shelter  
258 discharge planning team or teams to assist local areas that are  
259 severely impacted by a natural or manmade disaster that requires  
260 the use of special needs shelters. Multiagency special needs  
261 shelter discharge planning teams shall provide assistance to  
262 local emergency management agencies with the continued operation  
263 or closure of the shelters, as well as with the discharge of  
264 special needs clients to alternate facilities if necessary.  
265 Local emergency management agencies may request the assistance  
266 of a multiagency special needs shelter discharge planning team  
267 by alerting statewide emergency management officials of the  
268 necessity for additional assistance in their area. The Secretary  
269 of Elderly Affairs is encouraged to proactively work with other  
270 state agencies prior to any natural disasters for which warnings

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are provided to ensure that multiagency special needs shelter discharge planning teams are ready to assemble and deploy rapidly upon a determination by state emergency management officials that a disaster area requires additional assistance. The Secretary of Elderly Affairs may call upon any state agency or office to provide staff to assist a multiagency special needs shelter discharge planning team or teams. Unless the secretary determines that the nature or circumstances surrounding the disaster do not warrant participation from a particular agency's staff, each multiagency special needs shelter discharge planning team shall include at least one representative from each of the following state agencies:

1. Department of Elderly Affairs.
2. Department of Health.
3. Department of Children and Family Services.
4. Department of Veterans' Affairs.
5. Department of Community Affairs.
6. Agency for Health Care Administration.
7. Agency for Persons with Disabilities.

(3) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND  
FACILITIES.--

(a) The Department of Health shall upon request reimburse, ~~subject to the availability of funds for this purpose,~~ health care practitioners, as defined in s. 456.001, provided the practitioner is not providing care to a patient under an existing contract, and emergency medical technicians and paramedics licensed under ~~pursuant to~~ chapter 401, for medical care provided at the request of the department in special needs shelters or at other locations during times of emergency or a declared ~~major~~ disaster. Reimbursement for health care practitioners, except for physicians licensed under ~~pursuant to~~

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chapter 458 or chapter 459, shall be based on the average hourly rate that such practitioners were paid according to the most recent survey of Florida hospitals conducted by the Florida Hospital Association or other nationally or state recognized data source. Reimbursement shall be requested on forms prepared by the Department of Health and shall be paid as specified in paragraph (c).

(b) If, upon closure of a special needs shelter, a multiagency special needs shelter discharge planning team determines that it is necessary to discharge special needs persons to other health care facilities, such as hospitals, nursing homes, assisted living facilities, and community residential homes, the receiving facilities shall be eligible for reimbursement for services provided to the individuals for up to 90 days. Any facility eligible for reimbursement under this paragraph shall submit invoices for reimbursement on forms developed by the department. A facility must show proof of a written request from a representative of an agency serving on the multiagency special needs shelter discharge planning team that the individual for whom the facility is seeking reimbursement for services rendered was referred to that facility from a special needs shelter. The department shall specify by rule which expenses are reimbursable and the rate of reimbursement for each service. Reimbursement for the services described in this paragraph shall be paid as specified in paragraph (c).

(c) If a Presidential Disaster Declaration has been issued ~~made, and the Federal Government makes funds available,~~ the department shall request federal ~~use such funds for~~ reimbursement of eligible expenditures. In other situations, or if federal funds do not fully compensate the department for

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333 ~~reimbursements permissible under reimbursement made pursuant to~~  
334 this section, the department shall process a budget amendment to  
335 obtain reimbursement from unobligated, unappropriated moneys in  
336 the General Revenue Fund. The department shall not provide  
337 reimbursement to facilities under this subsection for services  
338 provided to a special needs person if, during the period of time  
339 in which the services were provided, the individual was enrolled  
340 in another state-funded program, such as Medicaid or another  
341 similar program, or entities providing health insurance as  
342 defined in s. 624.603 or health maintenance organizations or  
343 prepaid health clinics as defined in chapter 641, which would  
344 otherwise pay for the same services. Travel expense and per diem  
345 costs shall be reimbursed pursuant to s. 112.061.

346 (4) HEALTH CARE PRACTITIONER REGISTRY.--The department may  
347 use the registries established in ss. 401.273 and 456.38 when  
348 health care practitioners are needed to staff special needs  
349 shelters or to assist with other disaster related activities  
350 ~~staff disaster medical assistance teams.~~

351 (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.--The  
352 ~~Secretary Department~~ of Health may establish a special needs  
353 shelter interagency committee and serve as or appoint a designee  
354 to serve as the committee's chair. The department shall provide  
355 any necessary staff and resources to support the committee in  
356 the performance of its duties, ~~to be chaired and staffed by the~~  
357 ~~department.~~ The committee shall address and resolve problems  
358 related to special needs shelters not addressed in the state  
359 comprehensive emergency medical plan and shall consult on ~~serve~~  
360 ~~as an oversight committee to monitor~~ the planning and operation  
361 of special needs shelters.

362 (a) The committee shall ~~may~~:

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363 1. Develop, ~~and~~ negotiate and regularly review any  
364 necessary interagency agreements.

365 2. Undertake other such activities as the department deems  
366 necessary to facilitate the implementation of this section.

367 3. Submit recommendations to the Legislature as necessary.

368 (b) The special needs shelter interagency committee shall  
369 be composed of representatives of emergency management, health,  
370 medical, and social services organizations. Membership shall  
371 include, but shall not be limited to, representatives of the  
372 Departments of Health, Community Affairs, Children and Family  
373 Services, Elderly Affairs, ~~Labor and Employment Security,~~ and  
374 Education; the Agency for Health Care Administration; the  
375 Florida Medical Association; the Florida Osteopathic Medical  
376 Association; Associated Home Health Industries of Florida, Inc.;  
377 the Florida Nurses Association; the Florida Health Care  
378 Association; the Florida Assisted Living Affiliation  
379 ~~Association;~~ the Florida Hospital Association; the Florida  
380 Statutory Teaching Hospital Council; the Florida Association of  
381 Homes for the Aging; the Florida Emergency Preparedness  
382 Association; the American Red Cross; Florida Hospices and  
383 Palliative Care, Inc.; the Association of Community Hospitals  
384 and Health Systems; the Florida Association of Health  
385 Maintenance Organizations; the Florida League of Health Systems;  
386 Private Care Association; ~~and~~ the Salvation Army; the Florida  
387 Association of Aging Services Providers; AARP, and the Florida  
388 Renal Coalition.

389 (c) Meetings of the committee shall be held in  
390 Tallahassee, and members of the committee shall serve at the  
391 expense of the agencies or organizations they represent. The  
392 committee shall make every effort to use teleconference or video

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393 conference capabilities in order to ensure statewide input and  
394 participation.

395 (6) RULES.--The department has the authority to adopt  
396 rules necessary to implement this section. Rules shall ~~may~~  
397 include:

398 (a) The a definition of a special needs person, including  
399 eligibility criteria for individuals with physical, mental,  
400 cognitive impairment or sensory disabilities and the services a  
401 special needs person can expect to receive in a special needs  
402 shelter. patient, specify physician reimbursement, and designate  
403 which county health departments will have responsibility for  
404 implementation of subsections (2) and (3).

405 (b) The process for special needs shelter health care  
406 practitioner and facility reimbursement for services provided in  
407 a disaster event.

408 (c) Guidelines for special needs shelter staffing levels  
409 to provide services.

410 (d) The definition of and standards for special needs  
411 shelter supplies and equipment, including durable medical  
412 equipment.

413 (e) Compliance with applicable service animal laws.

414 (f) Standards for the special needs shelter registration  
415 process including guidelines for addressing the needs of  
416 unregistered persons in need of a special needs shelter.

417 (g) Standards for addressing the needs of families where  
418 only one dependent is eligible for the special needs shelter,  
419 and the needs of adults with special needs who are caregivers  
420 for individuals without special needs.

421 (h) The requirement of the county health departments to  
422 seek the participation of hospitals, nursing homes, assisted  
423 living facilities, home health agencies, hospice providers,

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nurse registries and home medical equipment providers, dialysis centers, and other health and medical emergency preparedness stakeholders in pre-event planning activities.

(7) ~~REVIEW OF EMERGENCY MANAGEMENT PLANS; CONTINUITY OF CARE.~~--Each emergency management plan submitted to a county health department by a home health agency pursuant to s. 400.492, by a nurse registry pursuant to s. 400.506, by a hospice pursuant to s. 400.610, or a home medical equipment provider pursuant to s. 400.925, shall specify how the home health agency, nurse registry, hospice or home medical equipment provider will continue to provide staff or equipment to perform the same type and quantity of services to their patients who evacuate to special needs shelters as was provided to those patients prior to evacuation. The submission of Emergency management plans to county health departments by home health agencies pursuant to s. 400.497(8)(c) and (d) and by nurse registries pursuant to s. 400.506(16)(e) and by hospice programs pursuant to s. 400.610(1)(b) and by home medical equipment providers pursuant to s. 400.934(20)(a) is conditional upon the receipt of an appropriation by the department to establish ~~medical services~~ disaster coordinator positions in county health departments unless the secretary of the department and a local county commission jointly determine to require such plans to be submitted based on a determination that there is a special need to protect public health in the local area during an emergency.

Section 6. Section 400.492, Florida Statutes, is amended to read:

400.492 Provision of services during an emergency.--Each home health agency shall prepare and maintain a comprehensive emergency management plan that is consistent with the standards adopted by national or state accreditation organizations and

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455 consistent with the local special needs plan. The plan shall be  
456 updated annually and shall provide for continuing home health  
457 services during an emergency that interrupts patient care or  
458 services in the patient's home. The plan shall include how the  
459 home health agency will continue to provide staff to perform the  
460 same type and quantity of services to their patients who  
461 evacuate to special needs shelters as staff were providing to  
462 those patients prior to evacuation. The plan shall describe how  
463 the home health agency establishes and maintains an effective  
464 response to emergencies and disasters, including: notifying  
465 staff when emergency response measures are initiated; providing  
466 for communication between staff members, county health  
467 departments, and local emergency management agencies, including  
468 a backup system; identifying resources necessary to continue  
469 essential care or services or referrals to other organizations  
470 subject to written agreement; and prioritizing and contacting  
471 patients who need continued care or services.

472 (1) Each patient record for patients who are listed in the  
473 registry established pursuant to s. 252.355 shall include a  
474 description of how care or services will be continued in the  
475 event of an emergency or disaster. The home health agency shall  
476 discuss the emergency provisions with the patient and the  
477 patient's caregivers, including where and how the patient is to  
478 evacuate, procedures for notifying the home health agency in the  
479 event that the patient evacuates to a location other than the  
480 shelter identified in the patient record, and a list of  
481 medications and equipment which must either accompany the  
482 patient or will be needed by the patient in the event of an  
483 evacuation.

484 (2) Each home health agency shall maintain a current  
485 prioritized list of patients who need continued services during

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an emergency. The list shall indicate how services shall be continued in the event of an emergency or disaster for each patient and if the patient is to be transported to a special needs shelter, and shall indicate if the patient is receiving skilled nursing services and the patient's medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies, upon request.

(3) Home health agencies shall not be required to continue to provide care to patients in emergency situations that are beyond their control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records. Home health agencies may establish links to local emergency operations centers to determine a mechanism to approach areas within the disaster area in order for the agency to reach its clients. The presentation of a home health agency client to a special needs shelter without the home health agency making a good faith effort to provide services in the shelter setting will constitute abandonment of the client and shall constitute a Class II deficiency, subject to sanctions provided in section 400.484(2)(b) Florida Statutes. For the purposes of this section, "good faith effort" may be demonstrated by documented attempts of staff to follow procedures as outlined in the home health agency's comprehensive emergency management plan and the patient's record, providing continuing care for those patients who have been identified as needing care by the home health agency in the event of an emergency pursuant to s. 400.492(1).

(4) Notwithstanding the provisions of s. 400.464(2) or any other provision of law to the contrary, a home health agency may

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provide services in a special needs shelter located in any county.

Section 7. Subsection (8) of section 400.497, Florida Statutes, is amended to read:

400.497 Rules establishing minimum standards.--The agency shall adopt, publish, and enforce rules to implement this part, including, as applicable, ss. 400.506 and 400.509, which ~~must~~ shall provide reasonable and fair minimum standards relating to:

(8) Preparation of a comprehensive emergency management plan pursuant to s. 400.492.

(c) The plan is subject to review and approval by the county health department. During its review, the county health department shall contact state and local health and medical stakeholders during its review when necessary ~~ensure that the following agencies, at a minimum, are given the opportunity to review the plan:~~

~~1. The local emergency management agency.~~

~~2. The Agency for Health Care Administration.~~

~~3. The local chapter of the American Red Cross or other lead sheltering agency.~~

~~4. The district office of the Department of Children and Family Services.~~

The county health department shall complete its review to ensure that the plan is in accordance with the criteria set in the Agency for Health Care Administration rule within 90 60 days after receipt of the plan and shall either approve the plan or advise the home health agency of necessary revisions.

If the home health agency fails to submit a plan or fails to submit the requested information or revisions to the county health department within 30 days after written notification from the county health department, the county health department shall

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547 notify the Agency for Health Care Administration. The agency  
548 shall notify the home health agency that such failure  
549 constitutes a deficiency, subject to a fine of \$5,000 per  
550 occurrence. If the plan is not submitted, information is not  
551 provided or revisions are not made as requested, the agency may  
552 impose the fine.

553 (d) For any home health agency that operates in more than  
554 one county, the Department of Health shall review the plan,  
555 after consulting with state and local health and medical  
556 stakeholders, when necessary ~~all of the county health~~  
557 ~~departments, the agency, and all the local chapters of the~~  
558 ~~American Red Cross or other lead sheltering agencies in the~~  
559 ~~areas of operation for that particular home health agency.~~ The  
560 Department of Health shall complete its review within 90 days  
561 after receipt of the plan and shall either approve the plan or  
562 advise the home health agency of necessary revisions. The  
563 Department of Health shall make every effort to avoid imposing  
564 differing requirements based on differences between counties on  
565 the home health agency.

566 Section 8. Paragraph (a) of subsection (16) of section  
567 400.506, Florida Statutes, is amended to read:

568 400.506 Licensure of nurse registries; requirements;  
569 penalties.--

570 (16) Each nurse registry shall prepare and maintain a  
571 comprehensive emergency management plan that is consistent with  
572 the criteria in this subsection and with the local special needs  
573 plan. The plan shall be updated annually. The plan shall include  
574 how the nurse registry will continue to provide staff to perform  
575 the same type and quantity of services to their patients who  
576 evacuate to special needs shelters as staff were providing to  
577 those patients prior to evacuation. The plan shall specify how

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578 the nurse registry shall facilitate the provision of continuous  
579 care by persons referred for contract to persons who are  
580 registered pursuant to s. 252.355 during an emergency that  
581 interrupts the provision of care or services in private  
582 residencies. Nurse registries may establish links to local  
583 emergency operations centers to determine a mechanism to  
584 approach areas within the disaster area in order for the  
585 provider to reach its clients. The presentation of nurse  
586 registry clients to a special needs shelter without the nurse  
587 registry provider making a good faith effort to provide services  
588 in the shelter setting will constitute a Class II deficiency  
589 subject to sanctions provided in s. 400.484 (2) (b), F.S. For  
590 the purposes of this section, "good faith effort" may be  
591 demonstrated by documented attempts of staff to follow  
592 procedures as outlined in the nurse registry's comprehensive  
593 emergency management plan, providing continuing care for those  
594 patients who have been identified as needing care by the nurse  
595 registry in the event of an emergency pursuant to s. 400.506(1).

596 (e) The comprehensive emergency management plan required  
597 by this subsection is subject to review and approval by the  
598 county health department. During its review, the county health  
599 department shall contact state and local health and medical  
600 stakeholders, when necessary ~~ensure that, at a minimum, the~~  
601 ~~local emergency management agency, the Agency for Health Care~~  
602 ~~Administration, and the local chapter of the American Red Cross~~  
603 ~~or other lead sheltering agency are given the opportunity to~~  
604 ~~review the plan.~~ The county health department shall complete its  
605 review to ensure that the plan is in accordance with the  
606 criteria set in the Agency for Health Care Administration rule  
607 within 90 ~~60~~ days after receipt of the plan and shall either

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approve the plan or advise the nurse registry of necessary revisions.

If a nurse registry fails to submit a plan or fails to submit requested information or revisions to the county health department within 30 days after written notification from the county health department, the county health department shall notify the Agency for Health Care Administration. The agency shall notify the nurse registry that such failure constitutes a deficiency, subject to a fine of \$5,000 per occurrence. If the plan is not submitted, information is not provided, or revisions are not made as requested, the agency may impose the fine.

(f) For any nurse registry that operates in more than one county, the Department of Health shall review the plan. The Department of Health shall complete its review within 90 days after receipt of the plan and shall either approve the plan or advise the nurse registry of necessary revisions. The Department of Health shall make every effort to avoid imposing differing requirements based on differences between counties on the nurse registry.

Section 9. Paragraphs (a) and (b) of subsection (1) of section 400.610, Florida Statutes, are amended to read:

400.610 Administration and management of a hospice.--

(1) A hospice shall have a clearly defined organized governing body, consisting of a minimum of seven persons who are representative of the general population of the community served. The governing body shall have autonomous authority and responsibility for the operation of the hospice and shall meet at least quarterly. The governing body shall:

(b)1. Prepare and maintain a comprehensive emergency management plan that provides for continuing hospice services in the event of an emergency that is consistent with local special

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639 needs plans. The plan shall include provisions for ensuring  
640 continuing care to hospice patients who go to special needs  
641 shelters. The plan shall include how the hospice provider will  
642 continue to provide staff to perform the same type and quantity  
643 of services to their patients who evacuate to special needs  
644 shelters as staff were providing to those patients prior to  
645 evacuation. The plan is subject to review and approval by the  
646 county health department, except as provided in subparagraph 2.  
647 During its review, the county health department shall contact  
648 state and local health and medical stakeholders, when necessary  
649 ~~ensure that the department, the agency, and the local chapter of~~  
650 ~~the American Red Cross or other lead sheltering agency have an~~  
651 ~~opportunity to review and comment on the plan.~~ The county health  
652 department shall complete its review to ensure that the plan is  
653 in accordance with the criteria set in the Department of Elderly  
654 Affairs rule within 90 60 days after receipt of the plan and  
655 shall either approve the plan or advise the hospice of necessary  
656 revisions. Hospice providers may establish links to local  
657 emergency operations centers to determine a mechanism to  
658 approach areas within the disaster area in order for the  
659 provider to reach its clients. The presentation of hospice  
660 clients to a special needs shelter without the hospice provider  
661 making a good faith effort to provide services in the shelter  
662 setting will constitute abandonment of the client subject to  
663 sanction as provided by law or rule. For the purposes of this  
664 section, "good faith effort" may be demonstrated by documented  
665 attempts of staff to follow procedures as outlined in the  
666 hospice's comprehensive emergency management plan and providing  
667 continuing care for those patients who have been identified as  
668 needing alternative caregiver services in the event of an  
669 emergency.

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2. For any hospice that operates in more than one county, the Department of Health during its ~~shall~~ review shall contact state and local health and medical stakeholders, when necessary the plan, after consulting with all of the county health departments, the agency, and all the local chapters of the American Red Cross or other lead sheltering agency in the areas of operation for that particular hospice. The Department of Health shall complete its review to ensure that the plan is in accordance with the criteria set in the Department of Elderly Affairs rule within 90 days after receipt of the plan and shall either approve the plan or advise the hospice of necessary revisions. The Department of Health shall make every effort to avoid imposing on the hospice differing requirements based on differences between counties.

Section 10. Subsection (13) of section 400.925, Florida Statutes, is amended to read:

400.925 Definitions.--As used in this part, the term:

(13) Life-supporting or life-sustaining equipment means a device that is essential to or that yields information that is essential to, the restoration or continuation of a bodily function important to the continuation of human life. Life-supporting or life-sustaining equipment includes apnea monitors, enteral feeding pumps, infusion pumps, portable home dialysis equipment, and ventilator equipment and supplies for all related equipment, including oxygen equipment and related respiratory equipment.

Section 11. Section 400.934, Florida Statutes, is created to read:

400.934 Minimum standards.--As a requirement of licensure, home medical equipment providers shall:

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700       (20) Prepare and maintain a comprehensive emergency  
701 management plan that meets minimum criteria established by the  
702 agency in rule pursuant to 400.935, F.S. The plan shall be  
703 updated annually and shall provide for continuing home medical  
704 equipment services for life-supporting or life-sustaining  
705 equipment, as defined in 400.925, F.S., during an emergency that  
706 interrupts home medical equipment services in the patient's  
707 home. The plan shall include how the home medical equipment  
708 provider will continue to provide equipment to perform the same  
709 type and quantity of services to their patients who evacuate to  
710 special needs shelters as staff were providing to those patients  
711 prior to evacuation. The plan shall describe how the home  
712 medical provider establishes and maintains an effective response  
713 to emergencies and disasters, including: notifying staff when  
714 emergency response measures are initiated; providing for  
715 communication between staff members, county health departments,  
716 and local emergency management agencies, including a backup  
717 system; identifying resources necessary to continue essential  
718 care or services or referrals to other organizations subject to  
719 written agreement; and prioritizing and contacting consumers who  
720 need continued medical equipment services and supplies.

721       (a) The plan is subject to review and approval by the  
722 county health department. During its review, the county health  
723 department shall contact state and local health and medical  
724 stakeholders, when necessary. The county health department shall  
725 complete its review to ensure that the plan is in accordance  
726 with the criteria set in the Agency for Health Care  
727 Administration rule within 90 days after receipt of the plan.

728       If a home medical equipment provider fails to submit a plan  
729 or fails to submit requested information or revisions to the  
730 county health department within 30 days after written

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731 notification from the county health department, the county  
732 health department shall notify the Agency for Health Care  
733 Administration. The agency shall notify the home medical  
734 equipment provider that such failure constitutes a deficiency,  
735 subject to a fine of \$5,000 per occurrence. If the plan is not  
736 submitted, information is not provided, or revisions are not  
737 made as requested, the agency may impose the fine.

738 (b) For any home medical equipment provider that operates  
739 in more than one county, the Department of Health shall review  
740 the plan. The Department of Health shall complete its review  
741 within 90 days after receipt of the plan and shall either  
742 approve the plan or advise the home medical provider of  
743 necessary revisions. The Department of Health shall make every  
744 effort to avoid imposing differing requirements based on  
745 differences between counties on the home medical equipment  
746 provider.

747 (1) Each home medical equipment provider shall maintain a  
748 current prioritized list of patients who needs continued  
749 services during an emergency. The list shall indicate how  
750 services shall be continued in the event of an emergency or  
751 disaster for each consumer and if the consumer is to be  
752 transported to a special needs shelter, and shall indicate if  
753 the consumer has life-supporting or life-sustaining equipment,  
754 including the specific type of equipment and related supplies.  
755 The list shall be furnished to county health departments and to  
756 local emergency management agencies, upon request.

757 (2) Home medical equipment providers may establish links  
758 to local emergency operations centers to determine a mechanism  
759 to approach areas within the disaster in order for the provider  
760 to reach its patients.

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Section 12. Section 400.935, Florida Statutes, is amended to read:

400.935 Rules establishing minimum standards.--The agency shall adopt, publish, and enforce rules to implement this part, which must provide reasonable and fair minimum standards relating to:

(10) Home medical equipment requiring home medical equipment services.

(11) Preparation of a comprehensive emergency management plan pursuant to s. 400.934.

(a) The Agency for Health Care Administration shall adopt rules establishing minimum criteria for the plan, including maintaining patient equipment and supply lists that can accompany patients who are transported from their homes, in consultation with the Department of Health and the Department of Community Affairs.

Section 13. Section 408.831, Florida Statutes, is amended to read:

408.831 Denial, suspension, or revocation of a license, registration, certificate, or application.--

(1) In addition to any other remedies provided by law, the agency may deny each application or suspend or revoke each license, registration, or certificate of entities regulated or licensed by it:

(a) If the applicant, licensee, registrant, or certificateholder, or, in the case of a corporation, partnership, or other business entity, if any officer, director, agent, or managing employee of that business entity or any affiliated person, partner, or shareholder having an ownership interest equal to 5 percent or greater in that business entity, has failed to pay all outstanding fines, liens, or overpayments

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assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services, not subject to further appeal, unless a repayment plan is approved by the agency; or

(b) For failure to comply with any repayment plan.

(2) In reviewing any application requesting a change of ownership or change of the licensee, registrant, or certificateholder, the transferor shall, prior to agency approval of the change, repay or make arrangements to repay any amounts owed to the agency. Should the transferor fail to repay or make arrangements to repay the amounts owed to the agency, the issuance of a license, registration, or certificate to the transferee shall be delayed until repayment or until arrangements for repayment are made.

(3) Entities subject to this section may exceed their licensed capacity to act as a receiving facility in accordance with an emergency operations plan for clients of evacuating providers from a geographic area where an evacuation order has been issued by a local authority having jurisdiction. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency shall approve requests for overcapacity beyond 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending facility.

(4) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area where a state of emergency was declared by the Governor of Florida if the provider:

(a) Suffered damage to the provider's operation during that state of emergency.

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823 (b) Is currently licensed.

824 (c) Does not have a provisional license.

825 (d) Will be temporarily unable to provide services but is  
826 reasonably expected to resume services within 12 months.

827  
828 An inactive license may be issued for a period not to exceed 12  
829 months but may be renewed by the agency for up to 6 additional  
830 months upon demonstration to the agency of progress toward  
831 reopening. A request by a licensee for an inactive license or to  
832 extend the previously approved inactive period must be submitted  
833 in writing to the agency, accompanied by written justification  
834 for the inactive license which states the beginning and ending  
835 dates of inactivity and includes a plan for the transfer of any  
836 clients to other providers and appropriate licensure fees. Upon  
837 agency approval, the licensee shall notify clients of any  
838 necessary discharge or transfer as required by authorizing  
839 statutes or applicable rules. The beginning of the inactive  
840 licensure period shall be the date the provider ceases  
841 operations. The end of the inactive period shall become the  
842 licensee expiration date and all licensure fees must be current,  
843 paid in full, and may be prorated. Reactivation of an inactive  
844 license requires the prior approval by the agency of a renewal  
845 application, including payment of licensure fees and agency  
846 inspections indicating compliance with all requirements of this  
847 part and applicable rules and statutes.

848 (5) ~~(3)~~ This section provides standards of enforcement  
849 applicable to all entities licensed or regulated by the Agency  
850 for Health Care Administration. This section controls over any  
851 conflicting provisions of chapters 39, 381, 383, 390, 391, 393,  
852 394, 395, 400, 408, 468, 483, and 641 or rules adopted pursuant  
853 to those chapters.

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Section 14. This act shall take effect July 1, 2006.

===== T I T L E A M E N D M E N T =====

Remove the entire title and insert:

A bill to be entitled

An act relating to emergency management; amending s. 252.355, F.S.; specifying additional agencies that are required to provide registration information to persons with disabilities or special needs who receive services from such agencies for purposes of inclusion within the registry of persons with special needs maintained by local emergency management agencies; providing that the Department of Community Affairs shall be the designated lead agency responsible for community education and outreach to the general public, including persons with special needs, regarding registration as a person with special needs, special needs shelters, and general information regarding shelter stays; requiring the department to disseminate educational and outreach information through local emergency management offices; requiring the department to coordinate community education and outreach related to special needs shelters with specified agencies and entities; providing that special needs shelters must allow persons with disabilities to bring service animals into all areas of a special needs shelter; providing that specified confidential and exempt information relating to registration of persons with special needs be provided to the Department of Health; creating s. 252.3568, F.S.; requiring the Division of Emergency Management to address evacuation of persons with pets in the shelter component of the state comprehensive emergency management plan; creating s. 252.357, F.S., requiring the Florida Comprehensive Emergency Management Plan to permit the Agency for Health Care

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Administration to make initial contact with each nursing home in a disaster area; requiring the agency to annually publish an emergency telephone number that may be used by nursing homes to contact the agency; amending s. 252.385, F.S.; revising provisions relating to public shelter space; requiring the Division of Emergency Management of the Department of Community Affairs to biennially prepare and submit a statewide emergency shelter plan to the Governor and the Cabinet for approval; providing plan requirements; requiring the Department of Health to assist the division in determining the estimated need for special needs shelter space and the adequacy of the facility to meet the needs of special needs persons; requiring the division to include information on the availability of pet friendly shelters in the statewide emergency shelter plan; revising those facilities which are excluded as being suitable for use as public hurricane evacuation shelters; requiring local emergency management agencies to inspect a designated facility to determine its readiness prior to activating such facility for a specific hurricane or disaster; amending s. 381.0303, F.S.; providing for the operation, maintenance, and closure of special needs shelters; providing that the local Children's Medical Services offices shall assume lead responsibility for specified coordination with respect to the development of a plan for the staffing and medical management of pediatric special needs shelters; requiring such plans to conform to the local comprehensive emergency management plan; requiring county governments to assist in the process of coordinating the recruitment of health care practitioners to staff local special needs shelters; the Department of Health with nonmedical staffing and the operation of special needs shelters; requiring local health departments and emergency management agencies to

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916 coordinate such efforts to ensure appropriate staffing in  
917 special needs shelters;  
918 providing that the appropriate county health department,  
919 Children's Medical Services office, and local emergency  
920 management agency shall jointly determine the responsibility for  
921 medical supervision in a special needs shelter; providing  
922 notification requirements; requiring local emergency management  
923 agencies to be responsible for the designation, operation, and  
924 infrastructure of special needs shelters during times of  
925 emergency or disaster and the closure of the facilities  
926 following an emergency or disaster; requiring the emergency  
927 management agency and the local health department to coordinate  
928 efforts to ensure appropriate designation, operation, and  
929 infrastructure in special needs shelters; providing that state  
930 employees with a preestablished role in disaster response may be  
931 called upon to serve in times of disaster in specified  
932 capacities; requiring the Secretary of Elderly Affairs to  
933 convene a multiagency emergency special needs shelter discharge  
934 planning team or teams to assist local areas that are severely  
935 impacted by a natural or manmade disaster that required the use  
936 of special needs shelters; providing duties and responsibilities  
937 of multiagency discharge planning teams; authorizing local  
938 emergency management agencies to request the assistance of a  
939 multiagency discharge planning team; providing for the inclusion  
940 of specified state agency representatives on each multiagency  
941 discharge planning team; authorizing hospitals, nursing homes,  
942 assisted living facilities, and hospices that are used to  
943 shelter special needs persons during or after an evacuation to  
944 submit invoices for reimbursement to the Department of Health;  
945 requiring the department to specify by rule expenses that are  
946 reimbursable and the rate of reimbursement for services;

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01(for drafter's use only)

947 prescribing means of and procedures for reimbursement; providing  
948 eligibility for reimbursement of health care facilities to whom  
949 special needs shelter clients have been discharged by a  
950 multiagency special needs shelter discharge planning team upon  
951 closure of a special needs shelter; providing requirements with  
952 respect to such reimbursement; prescribing means of and  
953 procedures for reimbursement; disallowing specified  
954 reimbursements; revising the role of the special needs shelter  
955 interagency committee with respect to the planning and operation  
956 of special needs shelters; providing required functions of the  
957 committee; revising the composition of the special needs shelter  
958 interagency committee; requiring the department to adopt rules  
959 with respect to special needs shelters; providing requirements  
960 with respect to emergency management plans submitted by a home  
961 health agency, nurse registry, hospice, or home medical  
962 equipment provider to a county health department for review;  
963 amending s. 400.492, F.S.; requiring the comprehensive emergency  
964 management plan to include the means by which a home health  
965 agency will continue to provide staff to provide services to  
966 their patients who evacuate to special needs shelters;  
967 authorizing home health agencies to establish links to local  
968 emergency operations centers to determine a mechanism to  
969 approach areas within a disaster area in order for the agency to  
970 reach its clients; providing that the presentation of home care  
971 or hospice clients to the special needs shelter without the home  
972 health agency or hospice making a good faith effort to provide  
973 services in the shelter setting constitutes abandonment of the  
974 client and constitutes a Class II deficiency, subject to  
975 sanctions under s. 400.484, F.S.; amending s. 400.497, F.S.,  
976 revising requirements of a county health department with respect  
977 to review of a comprehensive emergency management plan;

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01(for drafter's use only)

978 providing requirements of a county health department in the  
979 event that a home health agency fails to submit a plan or fails  
980 to submit requested information or revisions to the department  
981 within a specified period after written notification; providing  
982 notification requirements; providing for imposition of a fine;  
983 amending s. 400.506, F.S., relating to licensure of nurse  
984 registries; revising requirements of a nurse registry with  
985 respect to the preparation of a comprehensive emergency  
986 management plan; providing requirements of a county health  
987 department in the event that a nurse registry fails to submit a  
988 plan or fails to submit requested information or revisions to  
989 the department within a specified period after written  
990 notification; providing notification requirements; providing for  
991 imposition of a fine; providing requirements of the Department  
992 of Health with respect to review of the plan; amending s.  
993 400.610, F.S.; relating to administration and management of a  
994 hospice; revising requirements of a hospice with respect to the  
995 preparation of a comprehensive emergency management plan that  
996 provides for continuing hospice services in the event of an  
997 emergency; providing that the presentation of hospice clients to  
998 a special needs shelter without the hospice making a good faith  
999 effort to provide services in the shelter setting constitutes  
1000 abandonment of the client; providing requirements of the  
1001 Department of Health with respect to review of the plan;  
1002 amending s. 400.925, F.S.; defining "life-supporting or life-  
1003 sustaining equipment"; amending s. 400.934, F.S.; requiring home  
1004 medical equipment providers to prepare and maintain a  
1005 comprehensive emergency management plan that meets minimum  
1006 criteria established by the Agency for Health Care  
1007 Administration as a requirement of licensure; providing  
1008 procedures and requirements with respect thereto;

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 01(for drafter's use only)

1009 amending s. 400.935, F.S.; requiring home medical equipment  
1010 services providers to prepare a comprehensive emergency  
1011 management plan; requiring the Agency for Health Care  
1012 Administration to adopt rules establishing minimum criteria for  
1013 the plan; amending s. 408.831, F.S.; providing that entities  
1014 regulated or licensed by the Agency for Health Care  
1015 Administration may exceed their licensed capacity to act as a  
1016 receiving facility under specified circumstances; providing  
1017 requirements while such entities are in an overcapacity status;  
1018 providing for issuance of an inactive license to such licensees  
1019 under specified conditions; providing requirements and  
1020 procedures with respect to the issuance and reactivation of an  
1021 inactive license; providing fees; creating s. 252.357, F.S.,  
1022 requiring the Florida Comprehensive Emergency Management Plan to  
1023 permit the Agency for Health Care Administration to initially  
1024 contact nursing homes in disaster areas for specified monitoring  
1025 purposes; requiring the agency to publish an emergency telephone  
1026 number for use by nursing homes; providing an effective date.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES  
Amendment No. 02 (for drafter's use only)

Bill No. PCB HCG 06-01

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION ☒ (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_

**ADOPTED**

02/22/2006

1 Council/Committee hearing bill: Health Care General  
2 Representative(s) Hays offered the following:

4 **Amendment to Amendment ( 01 ) by Representative Harrell**

5 On line(s) 80 after the word "responsibilities" insert:  
6 local law enforcement agencies shall be provided complete  
7 shelter registration information upon request

02/22/2006

# COMMITTEE MEETING REPORT

## Health Care General Committee

2/22/2006 10:30:00AM

**Location:** 306 HOB

### Summary:

#### Health Care General Committee

*Wednesday February 22, 2006 10:30 am*

HB 241 Favorable With Committee Substitute

Yeas: 8 Nays: 0

Amendment 01 Adopted Without Objection

HB 311 Favorable With Committee Substitute

Yeas: 7 Nays: 4

Amendment 01 Adopted Without Objection

PCB HCG 06-01 Favorable With Amendments (2)

Yeas: 10 Nays: 0

Amendment 01 Adopted Without Objection

Amendment 02 Adopted Without Objection

Committee meeting was reported out: Wednesday, February 22, 2006 2:26:11PM